

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/06/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155651</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 , 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HOMEVIEW CENTER OF FRANKLIN</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>651 S STATE ST FRANKLIN, IN 46131</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/01/12</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Homeview Center of Franklin was found in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has the capacity for 115 and had a census of 108 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility has a detached metal shed used for storage of building equipment, tools and wheelchairs and was not sprinklered.</p> <p>Quality Review by Lex Brashear, Life Safety Code</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1			K 000			
K 000	Specialist-Medical Surveyor on 08/03/12. INITIAL COMMENTS  A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.  Survey Date: 08/01/12  Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330  Surveyor: Dennis Austill, Life Safety Code Supervisor  At this Quality Assurance Walk-thru survey, Homeview Center of Franklin was found in compliance with 410 IAC 16.2-3.1-19(ff)  The 2005 addition, located to the south of the original building, is a one story addition and was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has the capacity for 115 and had a census of 108 at the time of this survey.  The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.  All areas where residents have customary access were sprinklered. The facility has a detached metal shed used for storage of building equipment, tools and wheelchairs and was not			K 000			

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